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|   |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
|---|---|---|-----------------------|---|----------------------------------|---------------------------------------|------------------------|------------|----------------------------|-----------|---|---|---|--------------|-----|--|-------------------|-----|---|-----|-----|----------------------------------|------------|------------------------|--|-----------|-------|---|---|--|--|-----|-------|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|-----------------------|---|--|--|--|--|--|--|--|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|------------------------|---|-------|----|---|--|--|--|------------------------------|---|-------|-----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|-----------------------|---|--|--|--|--|--|--|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |                       | Application or Docket Number<br><b>10/523,906</b> | Filing Date<br><b>01/28/2005</b> | <input type="checkbox"/> To be Mailed |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <b>APPLICATION AS FILED – PART I</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">OTHER THAN<br/>SMALL ENTITY</td> </tr> <tr> <td style="text-align: center;">FOR</td> <td style="text-align: center;">NUMBER FILED</td> <td style="text-align: center;">NUMBER EXTRA</td> </tr> <tr> <td><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="text-align: center;">minus 20 =</td> <td style="text-align: center;">*</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="text-align: center;">minus 3 =</td> <td style="text-align: center;">*</td> </tr> <tr> <td><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2" style="text-align: center;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2"></td> </tr> </table> <p style="margin-left: 20px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">TOTAL</td> <td style="width: 50%; text-align: center;">TOTAL</td> </tr> </table>   |   |   |                       |   |                                  |                                       | (Column 1)             | (Column 2) | OTHER THAN<br>SMALL ENTITY | FOR       | NUMBER FILED                              | NUMBER EXTRA                                | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A          | N/A | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A               | N/A | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A | N/A | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 = | *                      | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | *     | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |     |       | TOTAL | TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | OTHER THAN<br>SMALL ENTITY                  |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA                                |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
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| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| TOTAL   | TOTAL   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <b>APPLICATION AS AMENDED – PART II</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">(Column 3)</td> </tr> <tr> <td style="text-align: center;">AMENDMENT</td> <td style="text-align: center;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="text-align: center;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="text-align: center;">PRESENT<br/>EXTRA</td> <td style="text-align: center;">SMALL ENTITY</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">OTHER THAN<br/>SMALL ENTITY</td> </tr> <tr> <td><b>04/29/2008</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td style="text-align: center;">* 22</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">** 25</td> <td style="text-align: center;">= 0</td> <td></td> <td></td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td style="text-align: center;">* 2</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">***3</td> <td style="text-align: center;">= 0</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">TOTAL<br/>ADD'L<br/>FEE</td> <td></td> <td style="text-align: center;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="text-align: center;">0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">AMENDMENT</td> <td style="text-align: center;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="text-align: center;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="text-align: center;">PRESENT<br/>EXTRA</td> <td style="text-align: center;">RATE (\$)</td> <td style="text-align: center;">ADDITIONAL<br/>FEE (\$)</td> <td style="text-align: center;">RATE (\$)</td> <td style="text-align: center;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td style="text-align: center;">*     </td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">**     </td> <td style="text-align: center;">=     </td> <td></td> <td></td> <td></td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td style="text-align: center;">*     </td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">***     </td> <td style="text-align: center;">=     </td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 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       |            | Total (37 CFR 1.16(i)) | * 22                                   | Minus     | ** 25 | = 0   |   |  | Independent (37 CFR 1.16(h))   | * 2 | Minus | ***3  | = 0   |  |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE | 0 |  |  |  |  |  |  |  | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | Total (37 CFR 1.16(i)) | * | Minus | ** | = |  |  |  | Independent (37 CFR 1.16(h)) | * | Minus | *** | = |  |  |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  |  | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE | 0 |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | (Column 3)                                  |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA      | SMALL ENTITY                                      | OR                               | OTHER THAN<br>SMALL ENTITY            |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <b>04/29/2008</b>   |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))  | * 22  | Minus                                       | ** 25                 | = 0   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | * 2   | Minus                                       | ***3                  | = 0   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
|   |   |   | TOTAL<br>ADD'L<br>FEE |   | TOTAL<br>ADD'L<br>FEE            | 0                                     |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
|   |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA      | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$) |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))  | *   | Minus                                       | **                    | =   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***                   | =   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
|   |   |   | TOTAL<br>ADD'L<br>FEE |   | TOTAL<br>ADD'L<br>FEE            | 0                                     |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |
|   |   |   |                       |   |                                  |                                       |                        |            |                            |           |   |   |   |              |     |  |                   |     |   |     |     |                                  |            |                        |  |           |       |   |   |  |  |     |       |       |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |  |  |  |                              |   |       |     |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |   |  |  |  |  |  |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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Legal Instrument Examiner:  
**/TONI HAKIM/**